

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012563-

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3636

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

318

Primary Registration District No.

1003

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3636

STATE FILE NUMBER

FILED APR 12 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS, MISSOURI

Length of stay in 1b

20 DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Vets. Hosp. N, Grand

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

c. CITY

OR

TOWN

ST. LOUIS, MISSOURI

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

3517 CASS AVENUE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

EDWARD T. CRAWFORD

4. DATE  
OF  
DEATH

Month

Day

Year

4/5/62

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/3/97

## 9. AGE (last birthday)

64

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PROPRIETOR MOVING COMPANY

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

MAYFIELD, KENTUCKY

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

James Crawford

## 13b. MOTHER'S MAIDEN NAME

Minnie Unk

## 14. NAME OF HUSBAND OR WIFE

THERESA CRAWFORD

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

THERESA CRAWFORD (WIDOW) SEE #2

## 18. CAUSE OF DEATH (Enter only one cause per line if death was caused by:

IMMEDIATE CAUSE (a)

RENAL FAILURE

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

ARTERIOSCLEROSIS

DUE TO (c)

450.0

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

POST OPERATIVE ABDOMINAL AORTIC ANEURYSM

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

☐SUICIDE ☐HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. // attended the deceased from 3/16/62 to 4/5/62 and last saw him alive on 4/5/62  
Death occurred at 12:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Frank Coyle

FRANK COYLE M.D.

## 22b. ADDRESS

VAH, ST. LOUIS, MO.

## 22c. DATE SIGNED

4/5/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

removal

## 23b. DATE

4-9-62

## 23c. NAME OF CEMETERY OR CREMATORY

National Cem.

## 23d. LOCATION (City, town, or county)

Jeff. Brks. Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home

6322 S. Grand St. Louis, Mo.

## 25. DATE RECD. BY LOCAL REG.

APR 6 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*David Van Rousen*

Licensed Embalmer No. 4242

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.